

# Confirmation I Retreat “Superheroes to Our Rescue”



October 21<sup>st</sup>, 22<sup>nd</sup> and 23<sup>rd</sup>, 2011  
Pine Summit Christian Conference Center, Big Bear  
From: 4:00 p.m. on Friday to 5:00 p.m. on Sunday  
Cost: \$175.00 per Confirmation I Teen

## **Details:**

Make sure you note the following....

- Meet outside of the F&YC at 3:30p.m. SHARP on Fri., October 21<sup>st</sup> .
- **The buses will leave by 4:30 on Friday. If you have a scheduling problem, please let us know immediately so arrangements can be made in advance.**
- We have already attended mass while on the retreat, and we are aiming to return between 4:00 and 5:00 p.m. on Sunday.
- You may arrive starting at 3:00 p.m.

## **Paperwork and Money:**

Paperwork and money can be turned in this afternoon at the Parent/Teen Meeting. Please do not turn in the paperwork today if you are not prepared to submit payment today. Otherwise, please have all your paperwork and money turned in by **Friday, September 23, 2011**, to our St. Norbert Youth Ministry Office or Ministry Center Office (at attn: Kirsten King, Youth Ministry). Thank you in advance.

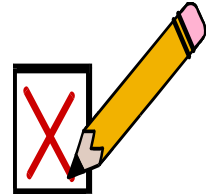
**\*\*There will be a \$25 late fee if paperwork is turned in after 9/23/11.**

# Confirmation I Retreat



**October 21-23, 2011**

## Teen Check List



### *Bring this stuff:*

- ✓ Only **one** suitcase
- ✓ Sleeping bag ... roll up your sleeping bag and pillow together, stuff them into a plastic garbage bag and label it with your name on a piece of masking tape.
- ✓ Personal items (bath towel, toothbrush, toothpaste, hairbrush, soap, shampoo, etc.)
- ✓ Two days worth of seasonal clothes - a good jacket and gloves
- ✓ Tennis and/or hiking shoes - **no sandals or other open-toe shoes**
- ✓ Medication (to be given to Retreat Nurse at Friday check-in)
- ✓ Sack dinner and a drink (for Friday p.m.)
- ✓ Camera (optional) ... with your name on it
- ✓ A good and loving attitude

### *And do not bring this stuff:*

- ✓ Alcohol/Drugs of any kind
- ✓ Cigarettes, lighters, matches, chewing tobacco, gum, candy
- ✓ Weapons of any sort (including your mouth, if you have a dangerous one!)
- ✓ Radios, iPods, cd players, video games, cell phones, blackberry's or ANY other electronics!!!
- ✓ Newspapers, magazines, books, or homework
- ✓ Sandals or other open-toe shoes
- ✓ Anything that might distract you or those around you from the retreat experience
- ✓ Anything that might keep you or those around you from having a great time
- ✓ Anything that might drive the retreat team **NUTS!**

**All paperwork is due to St. Norbert's Youth Ministry Office**

**NO LATER than Friday, September 23, 2011**

**Late fees (\$25) will be applied after Sept. 23<sup>rd</sup> unless arrangements have been made prior to the deadline.**

# ***EMERGENCY INFORMATION FOR THE CI RETREAT***

Place: Pine Summit Christian Conference Center  
700 South Wren  
Big Bear, CA 92315  
Phone: (909) 866-5801

**This information is for emergency purposes only!!!** There will be no good time for the teens to talk on the phone, so please only call in emergency situation!

When the buses arrive in Big Bear, we will contact Helen who will send out an email of our arrival to all parents in our email system.

Also, when all three buses leave the camp on Sunday, we will call and let the front office know our expected time of arrival. We are aiming to return between 4:30 – 5:00 p.m. on Sunday.

\*The teens will already have been to Sunday Mass and therefore we will not be attending the 5:30 p.m. Mass as a group after the retreat.

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## **Parents!!**

**Don't forget about your special participation in this retreat!!**

**Name** \_\_\_\_\_

**TEEN'S TSHIRT SIZE (Circle One):**    **S    M    L    XL    XXL**

**Confirmation 1 Retreat Payment Form**

**Retreat Fee: \$175.00 for Confirmation Candidates**

**Teen's Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_

Cash, checks or charge cards accepted. Please make checks payable to: **"St. Norbert Church"**

**FEES ARE NON-REFUNDABLE.**

**Please write your teen's name in the memo line of the check.**

**Payment Options:** \_\_\_ Credit card    \_\_\_ Check    \_\_\_ Cash

\*\*Credit Card transactions include a \$5 transaction fee to cover the service charges from the credit card companies!

**VISA/MC AUTHORIZATION**

Printed Name on Card: \_\_\_\_\_

Circle: Visa / MC # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code# (three-digit number on the back of the card): \_\_\_\_\_

Amount Charged\_ \$180.00\_ Signature: \_\_\_\_\_

St. Norbert Parish Envelope Number: \_\_\_\_\_

**Activity Release Form – Retreat Weekend of Oct 21-23, 2011**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Sex** \_\_\_\_\_

There are many inherent risks in a mountain camp experience! Camp activities include, but are not limited to hiking, swimming, mountain biking, low and high adventure ropes courses and paintball games. There is a possibility of risk of physical injury or harm from participating in these activities (paintballs can bruise the body and cause pain). I voluntarily elect to participate in the activities and assume the risk of injury or harm that could result from participation. On my own behalf and that of my personal representative and heirs, I hereby release Pine Summit, its officers, employees and agents from all liability from any injury or harm to my child from participating in any activity at Pine Summit Camp.

I have read, understand and agree to the above.

I can participate in any camp activity except: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# ST. NORBERT CATHOLIC CHURCH MINOR PERMISSION, MEDICATION NOTIFICATION & RELEASE FORM

Event: Confirmation 1 Retreat

Dates: October 21-23, 2011

Location: Pine Summit Retreat Center, Big Bear Lakes, CA

## PARTICIPANT INFORMATION:

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Student Cell: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_ / \_\_\_\_\_

Father's Cell Phone/Pager: (\_\_\_\_) \_\_\_\_\_ Mother's Cell Phone/Pager: (\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACT: *Secondary Person to contact in case of emergency (adult of another household):*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## MEDICATION NOTIFICATION: *During the above named activity my son/daughter has my permission to take the following:*

Choose at least one:

- My son/daughter will be taking a prescription medication.

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times per day: \_\_\_\_\_

- My son/daughter will be taking a non-prescription medication.

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times per day: \_\_\_\_\_

- My son/daughter will not be bringing any medications, but if needed, Youth Ministry leaders may give my child the following non-prescription medications:

\_\_\_ aspirin/Tylenol \_\_\_ antacid other: \_\_\_\_\_

Notes:/Allergies/Medical Problems: \_\_\_\_\_

I, the Parent (guardian) of \_\_\_\_\_, hereby give my permission for his/her participation in the above named activity. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or diocesan personnel responsible for this activity and it's safety.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that she/he may suffer as a result of his/ her participation in the activity described above, whether or not such injuries or damage are caused by the negligence, active or passive, of any of the entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive, of the parish, school, or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. Secondly, I am aware and herein consent for my child to participate in a volunteer adult carpool, in order to be transported to and/or from the above event. I agree to use the volunteer driver's and vehicle owner's auto liability insurance as the primary insurance in the event of any issue or accident. I am not aware of any medical condition of my child which would render it inappropriate for him/ her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff. ***My consent herein is only given for the specific event listed and it expires the day after the completion of the event.***

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# RULES & CODE OF CONDUCT

**In order to accomplish our goals, maintain safety and order, and to ensure that each student's experience is positive and meaningful, the following rules and behavior guidelines will be followed.**

1. Each student is expected to be *involved* in *all* aspects of the retreat, including meals.
2. Each student is expected to *listen* to and be *respectful* of all adults and fellow students.
3. Profanity, offensive language or gestures will not be tolerated.
4. Students are not allowed in the dorm of the opposite sex at any time.
5. Students are to stay within the boundaries of the location.
6. Stealing, intentional damage or destruction of any property will not be tolerated. Students that damage or destroy any property, intentionally or not, will be responsible for the replacement of that property.
7. Foul language will not be tolerated.
8. Each student is expected to go to bed at the determined time. Leaving the dorm between midnight and 6 am is grounds for being sent home.
9. Tobacco of any kind is prohibited.
10. Alcohol, illegal drugs or anything illegal will *not* be tolerated. Any student found with these will be sent home and risks being dropped from the Youth Ministry/Confirmation Program.
11. Any form of romance or inappropriate sexual behavior will not be tolerated.
12. Each student is expected to attend the retreat with an open mind and heart, a willingness to learn and grow in their faith, and a willingness to have fun and meet new people.

Any student who is repeatedly rude, disrespectful, disobedient, or uncooperative will be sent home. Parents will be responsible to drive to the retreat to pick up their son or daughter.

*Please sign and return this entire sheet with the remainder of the paperwork.*

## Understanding and Acceptance of Retreat Rules

*I understand and agree to these rules and guidelines and I understand that if the Diocesan Leadership Team and my Youth Minister believes that my behavior warrants my being asked to leave the event, I will be sent home and my parents will be held responsible for my transportation and financially responsible for any damage that I have caused.*

Student: I \_\_\_\_\_, have read the above rules and I agree to follow these rules while I am on the retreat.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Parent(s):

I / we, the parents of \_\_\_\_\_, have read the above rules and have discussed them with our son/daughter who will be attending the retreat. We agree to all of the above.

Parent's signatures: \_\_\_\_\_/\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# The Salvation Army - Pine Summit

## CONSENT AND WAIVER OF LIABILITY

THIS DOCUMENT (FRONT AND BACK) CONTAINS A WAIVER OF LIABILITY. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING.

- please print -

Group Name: \_\_\_\_\_ Group Date: \_\_\_\_\_

Full name of Camper: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In exchange for permission to participate in The Salvation Army - Pine Summit programs and activities ("Camp"), I or my minor child named above ("Camper") agree to the following:

### Consent to Attend Camp (Where Camper is a Minor)

I hereby give permission for minor Camper to attend and participate in Camp.

### WAIVER of Liability

I understand that some of the activities at Camp involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Consent and Waiver of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities. I agree to assume all risks of Camper's participation, whether such risks are known or unknown to me at this time and hereby waive any and all claims I or my Camper may have against Pine Summit, and their directors, officers, employees, volunteers, and agents, and other campers at the Camp, for property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Waiver of Liability is given on behalf of myself, my minor child (if Camper), and the heirs, family, estate, administrators, executors, personal representatives and assignees.

I understand that by signing this Consent and Waiver of Liability, I give up my right and the Participant's right to sue The Salvation Army. I agree that if any provision or part of any provision or the application of such is held invalid, illegal, or unenforceable, the validity of all other provisions in this Consent and Waiver of Liability shall remain unaffected.

### FIRST AID

Camp may provide minor emergency medical treatment at the request of the Group or Camper, provided that qualified staff is available. Otherwise, all medical emergencies will be referred to the nearest medical treatment facility.

### Other Releases and Acknowledgements

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various Pine Summit publications and other work product. I do hereby irrevocably grant Pine Summit permission to record, display and/or reproduce Camper's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

**Adherence to Policies and Guidelines**

I ensure that Camper will adhere to the Camp policies and guidelines. If Camper fails to abide by established rules and/or standards of conduct, Camp staff reserves the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.

**Medical Insurance Information**

Insured's Name: \_\_\_\_\_ Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Information (COMPLETE ONLY IF CAMPER IS A MINOR)**

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Date of last MMR: \_\_\_\_\_ Date of last Hepatitis B: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Are all other vaccinations up-to-date?  Yes  No

Does the Camper have any allergies to drugs and/or food (please write "None" if applicable): \_\_\_\_\_

Does the Camper have behavioral problems or medical needs we need to be made aware of (write "None" if applicable): \_\_\_\_\_

Will the Camper be under any medication(s)\* while at camp?  Yes  No If yes, please list medication(s): \_\_\_\_\_

***\* (All medications must be given to camp nurse in original containers with original label attached containing prescription and camper's name)***

The camp nurse has my permission to provide the Camper with non-prescription medicines as deemed necessary.  Yes  No

If yes, please list any over-the-counter medications that should **not** be given: \_\_\_\_\_

Does the Camper have any physical condition or limitation that would restrict participation in any camp activities?  Yes  No

If yes, please provide details: \_\_\_\_\_

Does the Camper have?  Sinus Trouble/Hay Fever  Heart Trouble  Epilepsy  Asthma  Diabetes

By signing below, I acknowledge that I have read this document that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

_____		_____	
Signature		Date	
_____		_____	
Print Name		Phone Number	
_____	_____	_____	_____
Address	City	State	Zip
_____		_____	
Emergency Contact (if same write "Same")		Phone Number	

If you have any allergies or special dietary needs –  
please bring your own food.

We have refrigerators and microwaves to accommodate your needs.

If you would like to see a menu, please ask your Retreat Planner.

Thank you